

Self-Administration of the PHQ-9

Patient Name:	Patient ID:
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This Patient Health Questionnaire 9 (PHQ-9) asks a number of questions about depression symptoms. The PHQ-9 is not to be used as a diagnosis, but to help identify your potential for depression.

Mark the responses that say how often in the past two weeks you have had the symptoms listed. Each response has a number value associated with it. Add these numbers up at the bottom of each column. Then, add up the column totals to get your final score.

For all the responses where you answered **several days, more than half the days and nearly every day**, circle yes on that row. Then go to the functional status section at the bottom and mark how difficult these symptoms have made it hard for you to do your normal activities.

If you find that your total score is more than 10 or that these problems have made your normal activities very difficult, please contact your primary care provider.

During the past <u>two weeks</u> how often have you been bothered by any of the following problems?									
SYMPTOMS	(circle YES or mark "Not at all")	Not at all	Several days	More than half the days	Nearly every day				
a. Little interest or pleasure in doing things	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
b. Feeling down, depressed or hopeless	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
c. Trouble falling or staying asleep; or sleeping too much	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
d. Feeling tired or having little energy	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
e. Poor appetite or overeating	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
g. Trouble concentrating on things, such as reading the newspaper or watching television	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
h. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
i. Thoughts that you would be better off dead or of hurting yourself in some way	Yes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>				
TOTALS:			x 1	x 2	x 3				
			+	+	=				

1. FUNCTIONAL STATUS: If PHQ-9 scores is >0:

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- 1 ☐ Not difficult at all
- 2 ☐ Somewhat difficult
- 3 ☐ Very difficult
- 4 ☐ Extremely difficult
- 5 ☐ DON'TKNOW/REFUSED

6 Comments: